

# **Application Information**

Application Type::

Regular

Subject Matter::

Utility

Title::

TRICYCLIC COMPOUNDS PROTEIN KINASE INHIBITORS

**Application Data Sheet** 

FOR ENHANCING THE EFFICACY OF ANTI-NEOPLASTIC

AGENTS AND RADIATION THERAPY

Attorney Docket Number::

PC25144A

# **Inventor Information**

Inventor Authority Type::

**INVENTOR** 

Primary Citizenship Country::

US

Given Name::

SUZANNE

Family Name::

BENEDICT

City of Residence::

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State or Prov of Residence::

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Country of Residence::

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City::

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State or Province::

CALIFORNIA

Postal or Zip Code::

92008

Inventor Authority Type::

INVENTOR

Primary Citizenship Country::

US

Given Name::

MICHAEL

Family Name::

BENNETT

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State or Prov of Residence::

CALIFORNIA

Country of Residence::

UNITED STATES OF AMERICA 3234 WELLESLY AVENUE

Street::

DECT WELLEGE!

City::

SAN DIEGO

State or Province::

**CALIFORNIA** 

Postal or Zip Code::

92122

Inventor Authority Type::
Primary Citizenship Country::

INVENTOR CANADA

Given Name::

SACHA

Family Name::

NINIKOV 46

ranny mamo..

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City of Residence::

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State or Prov of Residence::

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Country of Residence::

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### **Application Data Sheet**

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Inventor Authority Type:: INVENTOR

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Postal or Zip Code:: 92130

Inventor Authority Type:: INVENTOR

Primary Citizenship Country:: US

Given Name:: EUGENE

Family Name:: RUI

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Postal or Zip Code:: 92128

Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: CHINA
Given Name:: FEN
Family Name:: WANG

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Postal or Zip Code:: 92121

Inventor Authority Type:: INVENTOR

Primary Citizenship Country:: US
Given Name:: YONG

### **Application Data Sheet**

Family Name:: .

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State or Province::

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Postal or Zip Code::

92127

Inventor Authority Type::

INVENTOR CANADA

Primary Citizenship Country::

Given Name:: Family Name:: JINJIANG

City of Residence::

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Only of ricoldenice..

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State or Prov of Residence:: Country of Residence::

UNITED STATES OF AMERICA

Street::

3606 BERNWOOD PLACE #1

City::

SAN DIEGO

State or Province::

**CALIFORNIA** 

Postal or Zip Code::

92130

## **Correspondence Information**

Correspondence Customer Number::

28940

# Representative Information

Representative Customer Number::

28940

# **Assignee Information**

Assignee Name::

Agouron Pharmaceuticals, Inc.

# **Domestic Priority Information**

Application::

**Continuity Type::** 

Parent Application::

**Parent Filing Date::** 

This application

An application claiming the

60/439,396

01/09/2003

benefit under 35 USC 119(e)